URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=60=021964

STATE FILE NUMBER

FILED VS MAY 31 1960

ENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 111

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Length of stay in 1b 2 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 673 W. Clay — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 673 W. Clay — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: WILLIAM ERNEST BROWN

4. DATE OF DEATH Month Day Year: May, 24, 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug. 4, 1889
9. AGE (last birthday): 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Trucking Company
11. BIRTHPLACE (City and state or country): Marshall, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Brown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Minnie Jane Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.: 499-09-1610
17. INFORMANT: Mrs Wm E Brown — Address: 673 W Clay Marshall, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Coronary Occlusion — 6 hr.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinomatosis Primary - Stomach
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Apr '60, to May 25-'60 and last saw her/him alive on May 25-'60
Death occurred at Marshall Mo 10:00 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B Kuipschild MD.
22b. ADDRESS: Marshall Mo
22c. DATE SIGNED: 5-26-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 26, 1960
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive, Cemetery
23d. LOCATION (City, town, or county) (State): Marshall, Saline County, Mo

24. FUNERAL DIRECTOR ADDRESS: Harry E. Hershberger Marshall, Mo
25. DATE RECD. BY LOCAL REG.: 5-26-'60
26. REGISTRAR'S SIGNATURE: Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 8 1960

STATEMENT BY LICENSED EMBALMER JUN 8 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harry E. Hershberg

Signature of Student Embalmer

Licensed Embalmer No. 435

P. O. Address Marshall, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.